

# 2015

## Employee Benefits Information

& Open Enrollment Guide



## Dear Placer County Employees,

We are pleased to provide the 2015 Employee Benefits Information and Open Enrollment Guide. The choices we make concerning our benefits are among the most important we select for ourselves and our families. As part of the total compensation package for eligible employees, Placer County offers a comprehensive benefits package that includes options to meet your benefit needs. We have highlighted a few of the changes for 2015 in the section titled "What's New."

During our annual benefits open enrollment period, Monday, September 15, 2014, through Friday, October 10, 2014, you have the opportunity to review and change your benefits to meet your current needs. During this period, you may elect, change, or waive coverage in a health care plan, dental plan, and/or vision care plan. You have the opportunity to change your supplemental life insurance and Accidental Death & Dismemberment coverage. In addition, you may enroll or re-enroll in a dependent care reimbursement account. For more information on individual plan eligibility, please see the enrollment criteria in this guide for each plan offered. **Please Note: There is no automatic enrollment each year for your Flexible Spending Account. You must actively make an election to enroll every year.**

## Easily Make Changes

Employees review current benefit elections, covered dependents and beneficiaries, preview benefit costs, and make benefit elections online in ACORN eBenefits. This online resource is available via your computer at work, as well as from the comfort of your home. Please see the ACORN eBenefits page of this guide for instructions. If you do not have access to a computer at home or at work, you may use any County workstation that has County-wide access, or you can use the computer kiosk in the Personnel Department at 145 Fulweiler Avenue, Auburn, CA 95603, between 8 a.m. and 4:30 p.m., Monday through Friday.

## CalPERS Tools to Help You Choose the Right Health Plan

The ***Health Plan Chooser***, ***Quality of Care and Patient Experience Ratings***, and ***Health Plan Search by ZIP Code*** are tools provided to help you make an educated decision. They are available online, year-round, at [www.CalPERS.ca.gov](http://www.CalPERS.ca.gov).

## Verification of Dependent Eligibility

You must provide documentation for each dependent you are adding to medical, dental, or vision coverage during Open Enrollment if they have not previously been enrolled for coverage as your dependent. The documentation must be provided to Personnel no later than October 10, 2014. If we are unable to verify your dependent's eligibility, your dependent may not be covered as of January 1, 2015. Access to required documentation is provided on Personnel's Open Enrollment page on iPlacer.

## Qualifying Life Event

If you have a qualifying life event during the 2015 plan year, you must submit the required documentation within thirty (30) days of the qualifying event. Please see page 9 for more information on qualifying events.

## Attend the Benefits Fair

If you have questions you would like to discuss directly with Personnel staff or one of our benefits providers, we invite you to attend our Benefits Fair on Wednesday, September 17, 2014, from 11:00 a.m. to 2:00 p.m. at the Auburn Justice Center Community Room. At the Benefits Fair you will have the opportunity to talk with representatives from Personnel, our health care providers, as well as MassMutual and CalPERS deferred compensation carriers.

## Personnel Staff Available for Walk-In Sessions from Roseville to Tahoe

Tuesday, September 23, from 10 a.m. to 2 p.m. at the Santucci Center in Roseville, 10810 Justice Center Drive, **Roseville** 95678  
Wednesday, September 24, from 10 a.m. to 3 p.m. at the Tahoe Administrative Center, 775 North Lake Boulevard, **Tahoe City** 96145  
Thursday, September 25, from 10 a.m. to 2 p.m. at the County offices located at 1000 Sunset Boulevard, **Rocklin** CA 95765

No appointment is required, but you may schedule time with staff by calling the Open Enrollment Hotline at 530/889-4089.

**Questions? Please call the Open Enrollment Hotline at (530) 889-4089.**

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The benefit plan information in this Employee Benefits Information and Open Enrollment Guide is meant only as a benefits overview. This information does not fully describe your benefit coverage. For additional details on benefit coverage, please refer to the Evidence of Coverage booklet on the plan's website, or CalPERS at [www.CalPERS.ca.gov](http://www.CalPERS.ca.gov).

# Open Enrollment Period

Open Enrollment begins at 8:00 a.m. on Monday, September 15, and ends at 5:00 p.m. on Friday, October 10, 2014.

During this period, eligible employees may:

- Enroll in a medical, dental or vision plan.
- Change your medical plan.
- Add or drop dependents for medical, dental or vision coverage.
- Enroll in the 2015 Dependent Care spending account.

Additionally, it is a good time to:

- Review or amend your life insurance beneficiaries and make sure only eligible dependents are covered by your insurance plans. See Page 7 for details regarding who is an eligible dependent.
- Review your deferred compensation plan contributions, investment options, and beneficiaries.

When enrolling in plans, remember:

- All benefit changes made during Open Enrollment will be effective January 1, 2015.
- Excluding the Dependent Care Program, if you do not make any changes at this Open Enrollment period, you will continue with the same benefit elections that you have on the last day of the plan year (December 31), along with any cost variations in applicable premium contributions. This is called an “**Evergreen Election.**” Participation in a Dependent Care Spending Account requires annual re-enrollment for the upcoming plan year.
- Employees who add their spouse or Registered Domestic Partner and/or dependent child(ren) on the medical, dental or vision plan must submit a birth certificate and social security number for each dependent added and a marriage certificate or domestic partner registration verifying dependent eligibility. Failure to provide this documentation may result in your dependent not being covered in the new plan year.

# What's New...

The following are Open Enrollment highlights for 2015. For all changes specific to your plan(s), please refer to the Evidence of Coverage (EOC) booklet or the Summary of Benefits and Coverage, all available at CalPERS online at [www.CalPERS.ca.gov](http://www.CalPERS.ca.gov).

## **Multiple options for online access to your eBenefits through ACORN!**

- **From work**
- **From home**
- **From the coffee shop**
- **From the library**
- **From the wifi-enabled dental office while your kids are getting their teeth cleaned!**

With this Open Enrollment period, employees are able to access ACORN from home, or anywhere they have internet access, to review benefits and make changes for the upcoming plan year. Please see the eBenefits page for more details regarding logging in from any standard computer that has internet access.

## **Self Service updates year-round to change your personal information and make qualifying life event changes.**

The new fiscal year brought employees the ability to perform self service entry of changes to their contact information as well as process qualifying life events such as a

marriage, birth, or adoption and make online benefit changes that are specific to those qualifying life events. More information about this enhancement is on the eBenefits page contained in this booklet.

## **Delta Dental Now Covering Dental Implants**

Dental implants are now included in covered services. Please see the dental insurance information page in this booklet for all the details regarding the services available to you and your dependents! This change is not included for DSA represented employees.

## **FSA Plan Administration is now under the name of WageWorks (formerly FBMC).**

The administrator of Placer County's Dependent Flexible Spending Account has changed their name from FBMC to WageWorks. In addition, those employees able to use the Medical Spending Account option (Management and Confidential) will now receive reimbursement for eligible expenses by way of a debit card. This debit card allows direct payment to providers and pharmacies for eligible transactions. All employees with Flexible Spending Accounts are able to view their account information online and track payments for submitted claims. More information is available at [www.wageworks.com](http://www.wageworks.com)

# ACORN eBenefits

## Making Changes to Your Benefits Online

You can log on to ACORN eBenefits as often as you wish from Monday, September 15, through Friday, October 10, to review and make changes to your 2015 Open Enrollment elections.

Throughout the year, you may log into ACORN eBenefits to take advantage of the Self Service options to update your personal information and make qualifying life event changes. Updates to your dependent coverage will be an option depending on the type of change you are making.



**Logging in to ACORN is now possible from any standard computer that is connected to the internet!** *(Sorry! Mobile devices such as smart phones and tablets are not supported at this time.)*

### ✓ From Any Placer County Workstation:

- Use the web browser (Internet Explorer) to access ACORN eBenefits by typing “acorn” (no quotes) in the browser address bar and press the Enter key. You will automatically be logged into ACORN. You can also find a link to ACORN on the iPlacer home page.

### ✓ From any computer that has an internet connection: **Home! Coffee Shop! Library!**

- Type [www.placer.ca.gov](http://www.placer.ca.gov) into the browser address bar.
- Scroll to the very bottom of the Placer County Website front page.
- Click on the link for Employee Self Service.
- Click on the link to the ACORN System.
- Enter the user ID and password you use to log on to the Placer County Network.
- If you do not have a Placer County Network Login ID/Password, please send an email to [ACORNHelp@placer.ca.gov](mailto:ACORNHelp@placer.ca.gov) for assistance.

### ✓ From the computer kiosk in the Personnel Department:

145 Fulweiler Avenue, Suite 200, Auburn, CA 95603  
Monday through Friday, 8:00 a.m. to 4:30 p.m.

## Once you have logged Into ACORN:

- Select Main Menu → Self Service → Benefits → Benefits Enrollment.
- When you click on ‘Select’ to the right of the Open Enrollment Event Description, you will be able to view your current elections for 2014.
- Click on the ‘Edit’ button next to the insurance benefit you will be reviewing and/or changing.

# ACORN eBenefits

... continued

Please review each of your benefit options carefully. If you are making changes or adding a dependent to your coverage, you must provide any required documentation to the Personnel Department no later than close of business Friday, October 10, 2014. If we are unable to verify your dependent's eligibility, your dependent may not be covered as of January 1, 2015.

Before finalizing your changes, review your selections carefully to ensure that everything is correct – including the plans, dependents covered, and/or your beneficiaries.

Please note that while in eBenefits you will be able to see dependents that were previously covered. ACORN maintains this history in the system, but only the dependents that have a check box next to 'enroll' are currently covered under your plan.

When you are ready to finalize your changes, click the 'Submit' button. This will bring you to the 'Submit Confirmation' page. Here you will be directed to click on a second 'Submit' button to authorize your elections.

**→Your changes are not finalized until you have clicked the final 'Submit' button.**

If you experience difficulty accessing ACORN, please email [ACORNHelp@placer.ca.gov](mailto:ACORNHelp@placer.ca.gov) for assistance.

If you need assistance with eBenefits, please leave a message on the Open Enrollment Hotline at 530-889-4089.



# Frequently Asked Questions

**Q: When will the changes I made to my benefits take effect?**

**A:** As long as all requirements are satisfied, your coverage changes will take effect on January 1, 2015

**Q: How do I make changes to my benefits?**

**A:** You will make your changes online. See the eBenefits page in this booklet for instructions.

**Q: When will premiums for 2015 changes come out of my paycheck?**

**A:**

Pay Period 12 (Pay Date December 12, 2014)  
Health, ILH

Pay Period 14 (Pay Date January 9, 2015)  
Flexible Spending Accounts, Employee 401(k) & 457 Deferred Spending, Cafeteria 401(k)

Pay Period 15 (Pay Date January 23, 2015)  
Dental, Vision, AD&D,  
Decrease or Cancellation of Supplemental Life Insurance

Premiums for new or increased Supplemental Life Insurance are effective upon acceptance and approval by the insurance carrier.

**Can I keep my ex-spouse on my benefits?**

No. CalPERS considers ex-spouses to be ineligible dependents and it is against both CalPERS and Placer County policy for an employee's ex-spouse to remain covered on their insurance. Failing to remove your ex-spouse may subject you to reimbursement of all costs associated with the medical care services for your ex-spouse as well as ineligible dependents.

**Where can I get the forms I need to make new elections or plan changes?**

All necessary forms are available on the iPlacer Personnel Open Enrollment page. For a breakdown of what forms are required, see the Required Open Enrollment Forms page contained in this guide.

**Do I have to complete a new Declaration of Health Form if I do not make any changes?**

No, you do not. If you don't make any changes to your benefits, you do not need to submit any forms. You will continue to be enrolled with the same benefits you had for 2014. However, it is recommended that you review your current plan, coverage levels, dependents and beneficiaries in ACORN eBenefits during the Open Enrollment period.

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**While you may have recorded your changes in ACORN, you must still submit any required documentation to the Personnel Department by the close of Open Enrollment at 5:00 p.m. on Friday, October 10, 2014.**

**Q: How do I add a new dependent or beneficiary?**

**A:**  
For instructions, please see the information at Personnel's Open Enrollment page on iPlacer.

**Please Note:**

Your dependent or beneficiary may already be in the ACORN system, so please follow the guide to avoid duplicating their information.





# Frequently Asked Questions

...continued

**Q: I reviewed my benefits and made changes in ACORN. How do I know if they updated?**

**A:** Your changes will not appear in ACORN until after Open Enrollment closes on October 10, and have been validated and finalized through our closing processes.

An email will be sent letting employees know that their benefits are processed and are available for review. Contained in that email will be instructions on what to do if you have questions after reviewing the finalized benefit changes.

**Q: What is the difference between an HMO and a PPO?**

**A:** Traditional HMO plans (Blue Shield Access+, NetValue, Kaiser, Anthem Blue Cross, and United Health Care) generally pay 100% of the cost of care after a co-payment, but require you to use in-network providers (physician or hospital), and have your care coordinated through a designated Primary Care Physician. Except in the case of emergencies, coverage is not provided for non-network providers or for services not authorized by the plan.

Traditional PPO plans (PERS-Select, PERSCare, PERS-Choice, PORAC) generally pay a percentage of the cost of care after a co-pay and deductible; the remaining amount is paid by the participant. The services of in-network providers are paid at a higher percentage than the service of out-of-network providers. Generally PPO plans offer more flexibility on provider choice, services, and the ability to self-refer to a specialist. Because of the higher cost of using providers out of network, the premium cost may be higher as well.



**Need more information?**

**Call our Open Enrollment Hotline at 530-889-4089**

# Benefit Eligibility Enrollment Criteria

## Eligible Dependents

The terms “family members” and “dependents” are used interchangeably. The following dependents of an enrolled employee are eligible for health insurance:

- Legal spouse.
- Qualified Registered Domestic Partner (requires submission of registration forms).
- Children up to age 26 for all CalPERS health plans (23 for all other plans).
- Disabled children beyond age 26 who are unmarried and incapable of sustaining employment due to a physical or mental handicap that existed prior to the child's attainment of age 19. The disabled adult dependent must meet the disabled dependent requirements as defined by the health insurance carrier.

The definition of a dependent child includes natural child, step-child, adopted child, and children of a registered domestic partner.

## Ineligible Dependents

Ineligible dependents include:

- Former spouse/registered domestic partner, even if you have a court order requiring you to provide health insurance coverage.
- Children age 26 or older for health insurance and 23 years or older for all other benefits.
- Disabled children, over age 26, who were never enrolled or who were deleted from coverage.
- Spouse age 70 or over for Accidental Death & Dismemberment.
- Foster children.
- Children of a former spouse/registered domestic partner, including former stepchildren, even if you are required to provide health insurance coverage as dictated under a court order.
- Extended family members, including mother, father, siblings, grandparents, in-laws, etc. under any circumstances.

You must submit a copy of your final divorce decree or Notice of Termination of Domestic Partnership Form to the Personnel Department within 14 days of the event if you are an active employee or to CalPERS if you are a retiree. Former spouses and registered domestic partners may be eligible for COBRA or an individual conversion policy.

## Dependent Eligibility Verification Process

You must provide dependent verification documentation for each dependent you are adding to your benefits coverage. The required documentation must be provided no later than 5:00 p.m. on Friday, October 10, 2014. If we are unable to verify your dependent's eligibility, your dependent may not be covered as of January 1, 2015. Please note that if your dependent has been verified previously, no further action is required.

For questions regarding dependent eligibility, please leave a message on the Open Enrollment Hotline at 530/889-4089.



**Note:** It is against CalPERS and Placer County policy for an employee to enroll ineligible persons as dependents. To do so may subject the employee to reimbursement costs for all services provided to an ineligible person.

# Required Open Enrollment Forms

Forms are located on the iPlacer Personnel Open Enrollment page.

Type of Change	Information/Forms Required
<b>Any change to Health Plan</b>	<ul style="list-style-type: none"> <li>• Declaration of Health Coverage</li> </ul>
<b>Add Spouse/Domestic Partner</b>	<ul style="list-style-type: none"> <li>• Full Name</li> <li>• Social Security Number</li> <li>• Date of Birth</li> <li>• Marriage Certificate or Domestic Partner Registration</li> </ul>
<b>In Lieu of Health Coverage</b>	<ul style="list-style-type: none"> <li>• Verification of Other Health Coverage</li> <li>• Enrollment Form for 401(k)</li> <li>• Declaration of Health Coverage Form</li> </ul>
<b>Add Child/Stepchild and/or Dependent Children</b>	<ul style="list-style-type: none"> <li>• Full Name</li> <li>• Social Security Number</li> <li>• Birth Certificate or Adoption Decree</li> </ul>
<b>Parent-Child Relationship</b>	<ul style="list-style-type: none"> <li>• Full Name</li> <li>• Social Security Number</li> <li>• Birth Certificate or Adoption Decree</li> <li>• Affidavit of Parent-Child Relationship</li> </ul>
<b>Enrollment with HMO</b>	<ul style="list-style-type: none"> <li>• Personal Physician Selection Form</li> </ul>
<b>Dependent Care</b>	<ul style="list-style-type: none"> <li>• WageWorks Enrollment Form</li> </ul>
<b>Life Insurance</b>	<ul style="list-style-type: none"> <li>• Application</li> </ul>
<b>Enroll in Deferred Compensation</b>	<ul style="list-style-type: none"> <li>• Enrollment Form</li> </ul>

All documentation must be submitted to Personnel by the end of Open Enrollment at 5:00 p.m. on Friday, October 10, 2014.

# Qualified Life Event Changes Outside of Open Enrollment

You may make specific changes to your health plan based on the qualified life event, such as:

- A change in your legal marital status, including marriage, divorce, death of your spouse, registered domestic partner, or legal separation.
- A change in the number of your dependents through birth, adoption, placement for adoption, or death.
- Termination or commencement of employment by you, your spouse, registered domestic partner, or dependent.
- A significant change in your work schedule, such as a reduction or increase in hours by you, your spouse, registered domestic partner, or eligible dependent.
- A change in your residence or work site that causes you to lose access to providers in your HMO plan's network.
- An unpaid leave of absence by either you or your spouse or registered domestic partner.
- A change in your dependent care provider that increases the cost of dependent care.

Required forms MUST be received by the Personnel Department within 30 days of the qualifying event date. Changes in CalPERS health coverage become effective the first day of the month following the date Personnel receives the completed forms; all other benefit changes are effective 30 days following the date Personnel receives the completed forms.

Federal legislation known as the Health Insurance Portability and Accountability Act (HIPAA) allows employees who lose their other health insurance coverage to enroll in a CalPERS Health Plan. Employees and their dependents may be eligible to enroll outside the Open Enrollment period, but coverage may not be effective until the first of the month following a 90-day waiting period, depending upon the individual circumstances.

**If Personnel is not notified within 30 days of your Qualified Life Event, you may be responsible for any services rendered for ineligible dependents.**

# 2015 HMO Health Insurance Rates

Deductions Begin Pay Period 12 (Pay Date December 12, 2014)

<b>HEALTH MAINTENANCE ORGANIZATIONS (HMOs)</b> <b>Auburn &amp; Tahoe Rates<sup>1</sup></b> <b>Part Time Rates Available on iPlacer</b>	<b>2015 Employee Bi-Weekly Share<sup>2</sup></b>	<b>2015 County Bi-Weekly Share</b>	<b>2015 Total Bi-Weekly Premium</b>	<b>Employee Share % Change Over 2014</b>
BLUE SHIELD NETVALUE – Employee Only	76.10	304.41	380.51	22.66%
BLUE SHIELD NETVALUE – E + 1 Dependent	152.21	608.82	761.03	22.66%
BLUE SHIELD NETVALUE – E + 2 or More	197.87	791.47	989.34	22.66%
BLUE SHIELD ACCESS+ - Employee Only	81.20	324.79	405.99	10.13%
BLUE SHIELD ACCESS+ - E + 1 Dependent	162.39	649.58	811.97	10.13%
BLUE SHIELD ACCESS+ - E + 2 or More	211.11	844.45	1055.56	10.13%
KAISER – Employee Only	66.32	265.28	331.60	-3.02%
KAISER – E + 1 Dependent	132.64	530.56	663.20	-3.02%
KAISER – E + 2 or More	172.43	689.74	862.17	-3.02%
ANTHEM SELECT – Employee Only	81.39	325.56	406.95	8.12%
ANTHEM SELECT – E + 1 Dependent	162.78	651.12	813.90	8.12%
ANTHEM SELECT – E + 2 or More	211.61	846.45	1058.06	8.12%
ANTHEM TRADITIONAL – Employee Only	94.34	377.34	471.68	11.88%
ANTHEM TRADITIONAL – Employee + 1 Dep	188.67	754.68	943.35	11.88%
ANTHEM TRADITIONAL – Employee + 2 or More	245.27	981.09	1226.36	11.88%
UNITED HEALTH CARE – Employee Only	62.56	250.23	312.79	-3.08%
UNITED HEALTH CARE – Employee + 1 Dep	125.11	500.46	625.57	-3.08%
UNITED HEALTH CARE – Employee + 2 or More	162.65	650.59	813.24	-3.08%

<sup>1</sup>Employees living outside Placer, El Dorado, or Sacramento counties may be charged different rates based upon ZIP Code. The rates applicable to your ZIP Code will be displayed within your benefit choices when you access ACORN.

<sup>2</sup>Premiums are paid over 24 pay periods. Please refer to the payroll calendar contained in this booklet to determine non-premium pay dates.

<b>IN LIEU OF HEALTH</b>	<b>2015 County 401(k) Contribution</b>	<b>% Change Over 2014</b>
DSA	\$130.00	0.00%
PPEO / Management / Confidential / UNCL	\$140.00	7.69%

# 2015 PPO Health Insurance Rates

Deductions Begin Pay Period 12 (Pay Date December 12, 2014)

<b>PREFERRED PROVIDER ORGANIZATIONS (PPOs)</b> <b>Auburn &amp; Tahoe Rates<sup>1</sup></b> <b>Part Time Rates Available on iPlacer</b>	<b>2015 Employee Bi-Weekly Share<sup>3</sup></b>	<b>2015 County Bi-Weekly Share</b>	<b>2015 Total Bi-Weekly Premium</b>	<b>Employee Share % Change Over 2014</b>
PERS CHOICE – Employee Only	68.16	272.63	340.79	2.00%
PERS CHOICE – E + 1 Dependent	136.31	545.26	681.57	2.00%
PERS CHOICE – E + 2 or More	177.21	708.83	886.04	2.00%
PERS SELECT - Employee Only	67.14	268.58	335.72	4.92%
PERS SELECT - E + 1 Dependent	134.29	537.15	671.44	4.92%
PERS SELECT - E + 2 or More	174.57	698.30	872.87	4.92%
PERSCARE – Employee Only	75.38	301.50	376.88	8.21%
PERSCARE – E + 1 Dependent	150.75	603.01	753.76	8.21%
PERSCARE – E + 2 or More	195.98	783.92	979.90	8.21%
PERSCARE (DSA ONLY) – Employee Only	207.28	169.60	376.88	8.21%
PERSCARE (DSA ONLY) – E + 1 Dependent	414.57	339.19	753.76	8.21%
PERSCARE (DSA ONLY) – E + 2 or More	538.94	440.95	979.89	8.21%
PORAC (DSA/SAFETY MGT ONLY <sup>2</sup> ) – Employee Only	67.73	270.92	338.65	6.48%
PORAC (DSA/SAFETY MGT ONLY <sup>2</sup> ) – Employee+1 Dep	129.64	518.56	648.20	8.95%
PORAC (DSA/SAFETY MGT ONLY <sup>2</sup> ) – Employee + 2 or More	164.76	659.03	823.79	8.97%

<sup>1</sup>Employees living outside Placer, El Dorado, or Sacramento counties may be charged different rates based upon ZIP Code. The rates applicable to your ZIP Code will be displayed within your benefit choices when you access ACORN.

<sup>2</sup>DSA, Safety Management Only – if members of PORAC.

<sup>3</sup>Premiums are paid over 24 pay periods. Please refer to the payroll calendar contained in this booklet to determine non-premium pay dates.

<b>IN LIEU OF HEALTH</b>	<b>2015 County 401(k) Contribution</b>	<b>% Change Over 2014</b>
DSA	\$130.00	0.00%
PPEO / Management / Confidential / UNCL	\$140.00	7.69%

# In Lieu of Health (ILH) Plan

If you have other health insurance coverage, you may waive the Placer County health insurance and take advantage of an employer contribution to a 401(k) savings plan.

401(k) contribution In Lieu of Health amounts for 2015:

DSA: \$130/per pay period

PPEO/Management/Confidential/Unclassified: \$140/per pay period

To participate in the 401(k) In Lieu of Health program, you will need to:

- Enroll through ACORN eBenefits by selecting 401(k) Flex Credit Part I, and 401(k) ILH Part II savings plans. If you do not currently have a 401(k), submit a 401(k) Enrollment form and a Beneficiary Designation form.
- Provide proof of other health insurance (a copy of your insurance card showing your name is sufficient).
- Complete the Medical CalPERS Eligibility Form (Declaration of Health Coverage).

## Premium Conversion

Placer County Benefit Plans operate under the IRS Code Section 125 option which allows employers to enroll and pay their share of costs with pre-tax dollars, known as "Premium Conversion." The health, dental, vision, and accidental death and dismemberment (AD&D) premiums are included in the Premium Conversion option. Under IRS rules, enrollment and changes to your benefit plans must be made during Open Enrollment unless there is a Family Status Change.

## Please Note:

Your total 401(k) contribution, including the ILH amount, cannot exceed the annual IRS limits of the current year. For more information, refer to the Deferred Compensation section on Page 23.



# Dental Insurance

PPEO		Premiums & Limitations	
Annual Individual Coverage: \$1500		Lifetime Orthodontia: \$1500	
Coverage For:	Employee Bi-Weekly Share*	County Bi-Weekly Share*	Total Bi-Weekly Premium
Employee Only	No Cost	\$28.00	\$28.00
Employee + Family	\$34.00	\$28.00	\$62.00

Confidential DSA Management		Premiums & Limitations	
Annual Individual Coverage Confidential/Management: \$2000 DSA: \$1500		Lifetime Orthodontia: \$2000	
Coverage For:	Employee Bi-Weekly Share*	County Bi-Weekly Share*	Total Bi-Weekly Premium
Employee Only	No Cost	\$28.00	\$28.00
Employee + 1 Dependent	\$19.93	\$28.00	\$47.93
Employee + Family	\$34.00	\$28.00	\$62.00

\*Premiums are paid over 24 pay periods. Please refer to the payroll calendar contained in this booklet to determine non-premium pay dates.

**Please Note:** Major treatments (implants, crowns, bridges, dentures, etc.) are excluded the first year of coverage. Added dependents must be treatment-free ninety days prior to coverage and will only be covered for routine procedures until the next calendar year.

Placer County's Delta Dental coverage contains a 'non-duplication of coverage' clause, which means that as secondary insurance, Delta Dental will not pay any balance over the County's plan allowance.

**Go Paperless!** Visit the Delta Dental website at [www.deltadentalins.com](http://www.deltadentalins.com) for additional provider and benefit eligibility information, and registering for online services.

# Vision Insurance

## Premiums & Limitations

Coverage For:	Employee Bi-Weekly Share*	County Bi-Weekly Share*	Total Bi-Weekly Premium
Employee Only	No Cost	\$4.60	\$4.60
Employee + 1 Dependent	\$7.10	\$4.60	\$11.70
Employee + Dependents	\$12.68	\$4.60	\$17.28

Vision Service Plan (VSP) is the plan administrator for Placer County's vision insurance. Placer County provides vision coverage for employees at no cost. Dependents can be added at the employee's expense.

**Please Note:** If enrolling *any* of your eligible dependents in vision insurance, you must enroll *all* of your eligible dependents.

VSP dependent coverage has a one-year lockout period. This means that added dependents must remain on the plan for one year, and dropped dependents must remain off the plan for one year.

Visit the VSP website at [www.vsp.com](http://www.vsp.com) for additional provider information and benefit eligibility.

\*Premiums are paid over 24 pay periods. Please refer to the payroll calendar contained in this booklet to determine non-premium pay dates.

# Accidental Death & Dismemberment (AD&D)

Placer County provides employees with \$10,000 Accidental Death & Dismemberment (AD&D) insurance at no cost.

Additional AD&D insurance coverage is available for the employee, up to \$500,000, but cannot exceed 10 times the annual salary.

AD&D insurance is also available for your spouse or registered domestic partner, up to age 70, in amounts ranging from \$10,000 to \$300,000 (but cannot exceed your coverage amount) and for unmarried dependent children up to age 23 in amounts ranging from \$5,000 to \$25,000. One premium covers all children, but they must be enrolled to receive coverage.

**Please note that AD&D insurance premiums shown are per pay period and are pre-tax deductions.**

AD&D Benefit Level	Premium for Employee	Premium for Spouse	Premium for Child(ren)
\$500,000	\$7.50	N/A	N/A
\$450,000	\$6.75	N/A	N/A
\$400,000	\$6.00	N/A	N/A
\$350,000	\$5.26	N/A	N/A
\$300,000	\$4.50	\$6.00	N/A
\$250,000	\$3.75	\$5.01	N/A
\$200,000	\$3.00	\$4.00	N/A
\$150,000	\$2.26	\$3.00	N/A
\$100,000	\$1.50	\$1.99	N/A
\$75,000	\$1.13	\$1.50	N/A
\$50,000	\$0.75	\$1.00	N/A
\$25,000	\$0.38	\$0.50	\$0.50
\$10,000	\$0.00	\$0.22	\$0.22
\$5,000	N/A	N/A	\$0.11

# Long Term Disability (LTD) Insurance

*This plan overview is for informational use only. The voluntary employee-paid Long Term Disability Insurance policy will not be available for new enrollments during the 2015 Open Enrollment period.*

## Policy Overview

The Long Term Disability policy is offered through Lincoln Financial Group and provides income of 60% of your monthly earnings up to \$6,500 per month after you have been unable to work for one year due to illness or injury. The policy may continue to pay up to age 65 as long as you are disabled.

Placer County provides Long Term Disability Insurance at no cost to employees who have five years of active service (10,400 paid hours) and who work at least 20 hours per week. This policy takes effect automatically when you have reached 10,400 hours of active service.

Employees, at hire, who work a minimum of 25 hours per week, may purchase Long Term Disability Insurance until they reach five years (10,400 hours) of active service. Cost and future increases are based upon your earnings and age.

**Please note: DSA represented employees are not eligible for Long Term Disability coverage.**

Employee Paid LTD Rates – Per Pay Period		
Calculate your estimated* LTD premiums:	Age	Age Rate Per \$100 of Earnings
(1) Your Semi-Monthly Earnings: _____	0-29	\$.16
(2) Divide by 100: _____	30-34	\$.22
(3) Multiply by your Age Rate: _____	35-39	\$.27
(4) Equals your Estimated Semi-Monthly Premium: _____	40-44	\$.39
	45-49	\$.54
	50-54	\$.74
Example:	55-59	\$.90
40 year old: $\$1000 \div 100 \times .39 = \$3.90$	60-64	\$1.13
	65-69	\$.84
*Earnings & Premium are based on 24 pay periods.	70-74	\$.56
	75-99	\$.60

# Supplemental Term Life Insurance

Placer County provides PPEO and DSA employees with a \$10,000 life insurance policy, and Management and Confidential employees with a \$50,000 life insurance policy at no cost.

Employees can apply for additional life insurance coverage at any time. Additional life insurance coverage is available for the employee in amounts up to \$100,000. Life insurance is also available for a spouse or registered domestic partner in amounts ranging from \$12,500 to \$50,000 (but cannot exceed ½ of the employee's coverage amount) and for unmarried dependent children to age 23 in amounts ranging from \$5,000 to \$10,000.

Online eBenefits can be used to decrease coverage amounts or cancel coverage only. Electing or increasing supplemental life insurance must be processed through the Personnel Department as it requires an application, proof of medical insurability and approval by the life insurance company.

Please note that Supplemental Life Insurance Premiums shown are an after-tax deduction.

Schedule for Employee or Spouse – Monthly Premium							
	Employee				Spouse		
Age	\$25K	\$50K	\$75K	\$100K	\$12.5K	\$25K	\$50K
0-34	\$3.00	\$6.00	\$9.00	\$12.00	\$1.50	\$3.00	\$6.00
35-39	\$4.00	\$8.00	\$12.00	\$16.00	\$2.00	\$4.00	\$8.00
40-44	\$6.50	\$13.00	\$19.50	\$26.00	\$3.25	\$6.50	\$13.00
45-49	\$11.00	\$22.00	\$33.00	\$44.00	\$5.50	\$11.00	\$22.00
50-54	\$19.50	\$39.00	\$58.50	\$78.00	\$9.75	\$19.50	\$39.00
55-59	\$33.50	\$67.00	\$100.50	\$134.00	\$16.75	\$33.50	\$67.00
60-64	\$35.50	\$71.00	\$106.50	\$142.00	\$17.75	\$35.50	\$71.00
65-69	\$57.50	\$115.00	\$172.50	\$230.00	\$28.75	\$57.50	\$115.00
Over 70	\$102.50	\$205.00	\$307.50	\$410.00	\$51.20	\$102.50	\$205.00

Schedule for Dependent Children – Monthly Premium			
	\$5K	\$7.5K	\$10K
Age 15 Days to 23 Years	\$1.00	\$1.50	\$2.00

# PPEO Cafeteria Plan

Placer County contributes for each PPEO represented employee the following for use in a cafeteria plan:

- CalPERS Miscellaneous Members  
6% bi-weekly contribution of the employee's base salary plus longevity
- CalPERS Safety Members  
5% bi-weekly contribution of the employee's base salary plus longevity

## How Funds Are Distributed

Employees may elect to receive the cafeteria plan amount as a cash option, a 401(k) contribution, dependent care reimbursement, or any combination of the three contribution options.

**Cash Option** – Selecting the cash option will allow you to receive the Cafeteria Plan money in your bi-weekly paycheck. This option is considered taxable income and associated payroll taxes will be deducted.

**Cafeteria Plan 401(k)** – The deferred compensation plan is offered through MassMutual and CalPERS. These plans allow you to set aside additional money for retirement on a pre-tax basis. You will designate a percentage of your cafeteria plan funds for this option.

**Dependent Care Reimbursement** – This option allows you to pay for part of your dependent care expenses using pre-tax dollars. Expenses, whether for a child or an elder, include any expense that allows you to work outside the home, including daycare services, in-home care, nursery, preschool and summer day camps. It does not, however, cover medical expenses.

## Plan Highlights

- If no election is made during open enrollment, the default will be the cash option.
- The cash option is considered taxable income.
- Funds are prorated for part time employees based on actual hours worked as identified in the ACORN payroll system.
- Changes to the plan can be made annually during open enrollment or if there is a qualifying life event (birth, death, divorce, etc.). Please see the information on Qualifying Life Events contained in this guide for more information.
- This compensation is not PERSable income.
- If the Cafeteria Plan 401(k) option is selected, the employee must designate the same vendor (CalPERS or MassMutual) for the Cafeteria Plan benefit as they have selected for their regular employee 401(k) contribution.

# Dependent Care Flexible Spending Account (FSA)

This is a plan to pay for child or elder day care expenses so you and/or your spouse can work. This plan does not cover any health-related expenses.

**Note: Only the custodial parent of divorced or legally separated parents can be reimbursed using the Dependent Care FSA.**

A Dependent Care Flexible Spending Account (FSA) allows you to set aside money, before taxes, from your paycheck to pay for eligible expenses. The advantage is that you pay no federal or state taxes on your contributions. For example, if you put in \$1,000 and are in a 20% federal tax bracket, you save \$200 (\$1,000 x 20% - \$200).

Minimum Deposit: \$5 per pay period or \$130 a year.

Maximum Deposit: \$192.31 per pay period or \$5,000 per year (\$2,500 if married and filing separately).

WageWorks is the plan administrator for the Dependent Care FSA program and uses a debit card program for reimbursement of qualifying expenses. Employees are able to access their WageWorks account information online and track reimbursements and pending transactions, as well as upload any documentation requested by WageWorks.

## A qualifying individual includes a qualifying child if they:

- Are 12 years old or younger
- Have a specified family-type relationship to you
- Live in your household for more than half the taxable year
- Are a US citizen, national or resident of the U.S., Mexico, or Canada, and
- Have not provided more than one-half of their own support during the taxable year.
- Are not someone else's qualifying child.

## A qualifying individual includes a qualifying adult dependent if they:

- Are physically and/or mentally incapable of self-care
- Live in your household for more than half the taxable year.
- Spend at least eight hours per day in your home.
- Are a US citizen, national or resident of the US, Mexico, or Canada, and
- Receive more than one-half of their support from you during the taxable year.



# Dependent Care Flexible Spending Account (FSA)

...Continued

## Partial List of Eligible Expenses

- After school care
- Babysitting fees (must have a taxpayer ID or the babysitter's social security number)
- Day camps (including Summer day camps)
- Nursery and preschool
- Daycare services
- Care for physically or mentally impaired spouse
- Elder care expenses
- Household services for qualified dependent

## Partial List of Ineligible Expenses

- Dancing lessons
- Books and supplies
- Field trips
- Child support payments or child care if you are non-custodial parent
- Overnight camp
- Swimming lessons
- Meals for child
- Tuition for Kindergarten or higher
- Membership fees

### Important!

To continue to participate, you must enroll each year in the Dependent Care FSA and select a contribution amount in ACORN

Do not overestimate your annual contribution. You will only be reimbursed for actual expenses and any unused funds are forfeit per IRS rules. Be sure to consider the possibility of changing expense amounts as your dependent ages. You must designate your annual contribution during the Open Enrollment period and this amount cannot be adjusted unless you have a qualifying life event.

You have until March 31, 2016, to submit your claims for expenses you had during the 2015 plan year; otherwise, any money left in your account will be forfeit.

To enroll in this WageWorks Dependent Care FSA, please elect an amount in ACORN eBenefits, complete the WageWorks enrollment form, and return the required documentation to the Personnel Department by close of business October 10, 2014.

# Deferred Compensation

Placer County offers voluntary deferred compensation programs under IRS Code 457 and 401(k) through MassMutual and CalPERS/ING. These plans allow you to set aside additional money for retirement on a pre-tax basis. You can enroll in, and make changes to, these plans at any time. IRS limits are subject to change in 2015.



*2014 Plan Year 401(k) and 457 Minimum  
Contribution: \$10 per pay period*

*2014 Plan Year 401(k) and 457 Maximum  
Contribution: \$17,500 per year*

If you are over age 50, you can contribute an additional “catch-up” amount of \$5,500 to your 401(k) and 457 plans, for a total contribution of \$23,000 per plan. *(Your maximum limit is automatically adjusted during the year you turn 50 – no forms are required.)*

The 457 plans also have a three year pre-retirement “catch-up” feature which allows you to make up for years you did not contribute to the maximum amount. *(Application required.)*

The 457 three-year pre-retirement catch-up cannot be used with the age 50+ catch-up.

## CalPERS/ING

Richard Berg  
888-713-8244 X5 (direct)  
800-260-0659 (main)  
richard.berg@us.ing.com  
<https://calpers.ingplans.com>

## MassMutual

Jason Hughes  
jasonhughes@massmutual.com  
866-504-1182 (direct)  
888-811-4839 (main)  
[www.massmutual.com/serve](http://www.massmutual.com/serve)

## 401(k) and 457 Comparisons

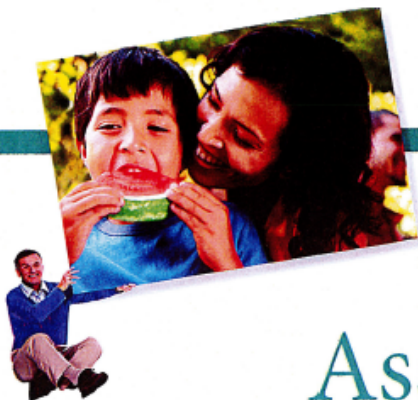
### 401(k)

- ✓ *Loan Provision*
- ✓ *10% tax penalty for withdrawing funds prior to age 59 ½ (in addition to ordinary income tax).*
- ✓ *Age 50 catch-up.*

### 457

- ✓ *No Loan Provision*
- ✓ *No age restrictions or penalty once separated.*
- ✓ *Three-year pre-retirement catch-up or Age 50 catch-up.*

Please remember that if you participate in a cafeteria plan where you designate funds to a 401(k) or receive an In Lieu of Health contribution, these funds will be placed in your 401(k) account along with any personal contributions you make. The annual total for ALL contributions to a 401(k) account cannot exceed \$17,500.



Michael McClusky, RPh,  
Health Net  
We help MHN members  
get the most from their  
benefits and services.

**MHN**  
A Health Net Company™

# Your Employee Assistance Program

## How can we help?

Life can be complicated. With MHN, getting help is easy.

Your EAP is here to help with life's many challenges. MHN provides the following services, paid for by your employer.

## Problem-solving support

Call us for help with life's ups and downs. We're here 24/7 to connect or refer you to a professional who can help with:

- Marriage, family and relationship issues.
- Problems in the workplace.
- Stress, anxiety and sadness.
- Grief, loss or responses to traumatic events.
- Concerns about your use of alcohol or drugs.

When you call, you can speak with a clinician immediately. Or, you can make an appointment that works for you:

- **Face-to-face sessions** – Meet with a provider from our network (for example, a counselor, marriage and family therapist or psychologist) in his or her office. We can provide a referral when you call us. You can also search for a provider on our member website.

## • Phone or web-video consultations –

Private, easy-access support by phone or web-video, provided by one of our highly qualified staff clinicians or network providers.

Remember that EAP services are not medical care or mental health treatment of any kind. If, in the course of a consultation, clinical problems are suspected, including drug or alcohol problems, we will offer a referral to appropriate medical or mental health services.

## Work and life services

Our experts can help you balance your work with your life! Call us for:

- **Childcare and eldercare assistance** – We'll find out what kind of help you need caring for children or elders in your life. Then we'll give you names and numbers of providers in your area.
- **Financial services** – Talk to an advisor over the phone about:
  - Budgeting
  - Credit and financial questions (investment advice, loans and bill payments not included)
  - Retirement planning



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- **Legal services** – Talk to a lawyer over the phone or face to face about:
  - Civil, consumer and criminal law
  - Personal and family law, including adoption, divorce and custody issues
  - Financial, tax or business matters
  - Real estate
  - Estate planning
- **Identity theft recovery services** – Speak with a certified consumer credit counselor. If there is a potential of ID theft, we'll connect you to an identity recovery specialist.
- **Daily living services** – Need help with errands? Planning an event or a vacation? We'll track down businesses and consultants for you. (MHN does not cover the cost nor guarantee delivery of vendors' services.)



**Our member website can help with:**

- Childcare and eldercare directories.
- Tips, tools and calculators to help you with finances, legal issues and retirement planning.

### Health and wellness tools



Take charge of your well-being!  
Living well isn't always easy, but it's worth the effort. MHN's member website has tools and information that can help.

Just log in with your company code, and you can:

- Take a well-being assessment.
- Try an interactive e-learning program.
- Check out articles and videos about health and wellness.

Our wellness coaching services offer extra support when you're ready to change your life – helping you make a plan, and then offering the support you need to succeed. Just call us at the number below to get started.

This is just a summary. For details about services and eligibility, please contact MHN or your employer, or check your plan documents (such as an Evidence of Coverage booklet or Summary Plan Description).

### Your privacy

EAP services are confidential. Your privacy is important to us, and it is protected by state and federal laws.

### Need help?

**Call toll-free, 24 hours a day, seven days a week: 1-800-242-6220**  
TTY/TDD callers, please dial 1-800-327-0801.

**Or visit us at: [members.mhn.com](http://members.mhn.com)**  
**and register with the company code: placercounty**

You are entitled to 5 face-to-face sessions or telephonic or web-video consultations per incident, per plan period.

#### We speak your language!

When you call MHN, free interpretation services are available in over 170 languages. We also contract with a vendor who can physically attend appointments with you, at no cost, if you need help communicating with doctors or other providers.

#### ¡Hablamos su mismo idioma!

Cuando llame a MHN, podrá usar nuestros servicios de interpretación gratuitos en más de 170 idiomas. Además, contamos con proveedores contratados que pueden asistir en persona a las citas con usted, sin cargo alguno, en caso de que necesite ayuda para comunicarse con los médicos u otros proveedores.

#### 我們說您的語言

您致電 MHN 時，我們可提供 170 多個語言的免費翻譯服務。我們還聘用了翻譯人員，如果您需要翻譯人員幫助您與醫生或其他醫療服務提供者進行交流，該翻譯人員可以與您一道參加約診。該服務為免費提供。

# Health Insurance Portability & Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, a Federal law, gives you rights over your protected health information (PHI) and sets rules and limits on who can look at and receive your PHI. HIPAA allows the disclosure of PHI needed for patient care and other important purposes. The Security Rule, a Federal law that protects health information in electronic form, requires CalPERS to ensure that electronic protected health information is secure. CalPERS will only use and disclose such information as stated in the Notice of Privacy Practices.

Please see [CalPERS Notice of Privacy Practices](#) for further understanding of HIPAA.

For more information regarding your rights and CalPERS health plan's legal duties under HIPAA, refer to the Evidence of Coverage (EOC) booklet on your plan's website, or CalPERS online at [www.CalPERS.ca.gov](http://www.CalPERS.ca.gov).



# COBRA

## Model General Notice of COBRA Continuation Coverage Rights

### Introduction

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a Federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under Federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

### What is COBRA Continuation Coverage?

COBRA Continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualifying beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage

under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happen:

- Your spouse dies
- Your spouse's hours of employment are reduced
- Your spouse's employment ends for any reason other than his or her gross misconduct
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent-employee dies
- The parent-employee's hours of employment are reduced
- The parent-employee's employment ends for any reason other than his or her gross misconduct
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both)
- The parents become divorced or separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

# COBRA

...Continued

## When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

## You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Placer County Personnel Department. You must also complete the necessary forms to cancel coverage for an enrollee who is no longer qualified as a dependent and provide the appropriate supporting documentation (i.e., divorce decree).

## How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medical 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

## Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60<sup>th</sup> day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.



# COBRA

...Continued

## Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second Qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

Addresses and phone numbers of Regional and District EBSA offices are available through EBSA's website.

## Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of

any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## Plan Contact Information

Placer County Personnel Department  
145 Fulweiler Avenue, Suite 200  
Auburn, CA 95603  
530-889-4060

## Affordable Care Act (ACA)

There may be other coverage options for you and your family. With key parts of the Affordable Care Act taking effect, you are able to buy individual coverage through the Health Insurance Marketplace called Covered California. In the Marketplace, you may also be eligible for a new kind of tax credit that lowers your monthly premium right away and you can see what your premium, deductible, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through Covered California. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

Open enrollment for health insurance coverage through the Marketplace begins on November 15, 2014, for coverage starting January 1, 2015. If you purchase a qualified health plan through the Marketplace, you may lose your employer's contributions to any health plan offered by the employer and that all, or a portion, of your employer's contribution may not be subject to federal income taxes. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [www.CoveredCA.com](http://www.CoveredCA.com) or [www.HealthCare.gov](http://www.HealthCare.gov) for more information.

# Payroll Calendar

#	PAY PERIOD	PAY DATE	HEALTH /LTD
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Fiscal Year 2014 – 2015			
1	Jun 14 – Jun 27	July 11, 2014	Aug 2014
2	Jun 28 – Jul 11	July 25, 2014	Aug 2014
3	Jul 12 – Jul 25	August 8, 2014	Sep 2014
4	Jul 26 – Aug 08	August 22, 2014	Sep 2014
5	Aug 09 – Aug 22	September 5, 2014	Oct 2014
6	Aug 23 – Sep 05	September 19, 2014	Oct 2014
7	Sep 06 – Sep 19	October 3, 2014	Nov 2014
8	Sep 20 – Oct 03	October 17, 2014	Nov 2014
9	Oct 04 – Oct 17	October 31, 2014	No Health/LTD
10	Oct 18 – Oct 31	November 14, 2014	Dec 2014
11	Nov 01 – Nov 14	November 28, 2014	Dec 2014
12	Nov 15 – Nov 28	December 12, 2014	Jan 2015
13	Nov 29 – Dec 12	December 26, 2014	Jan 2015
Calendar Year 2015			
14	Dec 13 – Dec 26	January 9, 2015	Feb 2015
15	Dec 27 – Jan 09	January 23, 2015	Feb 2015
16	Jan 10 – Jan 23	February 6, 2015	Mar 2015
17	Jan 24 – Feb 06	February 20, 2015	Mar 2015
18	Feb 07 – Feb 20	March 6, 2015	Apr 2015
19	Feb 21 – Mar 06	March 20, 2015	Apr 2015
20	Mar 07 – Mar 20	April 3, 2015	May 2015
21	Mar 21 – Apr 03	April 17, 2015	May 2015
22	Apr 04 – Apr 17	May 1, 2015	Jun 2015
23	Apr 18 – May 01	May 15, 2015	Jun 2015
24	May 02 – May 15	May 29, 2015	No Health/LTD
25	May 16 – May 29	June 12, 2015	Jul 2015
26	May 30 – Jun 12	June 26, 2015	Jul 2015

#	PAY PERIOD	PAY DATE	HEALTH/ LTD
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Fiscal Year 2015 – 2016			
1	Jun 13 – Jun 26	July 10, 2015	Aug 2015
2	Jun 27 – Jul 10	July 24, 2015	Aug 2015
3	Jul 11 – Jul 24	August 7, 2015	Sep 2015
4	Jul 25 – Aug 07	August 21, 2015	Sep 2015
5	Aug 08 – Aug 21	September 4, 2015	Oct 2015
6	Aug 22 – Sep 04	September 18, 2015	Oct 2015
7	Sep 05 – Sep 18	October 2, 2015	Nov 2015
8	Sep 19 – Oct 02	October 16, 2015	Nov 2015
9	Oct 03 – Oct 16	October 30, 2015	No Health/LTD
10	Oct 17 – Oct 30	November 13, 2015	Dec 2015
11	Oct 31 – Nov 13	November 27, 2015	Dec 2015
12	Nov 14 – Nov 27	December 11, 2015	Jan 2016
13	Nov 28 – Dec 11	December 25, 2015	Jan 2016
Calendar Year 2016			
14	Dec 12 – Dec 25	January 8, 2016	Feb 2016
15	Dec 26 – Jan 08	January 22, 2016	Feb 2016
16	Jan 09 – Jan 22	February 5, 2016	Mar 2016
17	Jan 23 – Feb 05	February 19, 2016	Mar 2016
18	Feb 06 – Feb 19	March 4, 2016	Apr 2016
19	Feb 20 – Mar 04	March 18, 2016	Apr 2016
20	Mar 05 – Mar 18	April 1, 2016	May 2016
21	Mar 19 – Apr 01	April 15, 2016	May 2016
22	Apr 02 – Apr 15	April 29, 2016	No Health/LTD
23	Apr 16 – Apr 29	May 13, 2016	Jun 2016
24	Apr 30 – May 13	May 27, 2016	Jun 2016
25	May 14 – May 27	June 10, 2016	Jul 2016
26	May 28 – Jun 10	June 24, 2016	Jul 2016

# 2015 PROVIDER CONTACT INFORMATION

PROVIDER	GROUP / ID#	PHONE	WEB ADDRESS
<b>HMO Medical</b>			
Anthem Blue Cross Traditional		855/839-4524	<a href="http://www.anthem.com/ca/calpers/HMO">www.anthem.com/ca/calpers/HMO</a>
Anthem Blue Cross Select		855/839-4524	<a href="http://www.anthem.com/ca/calpers/HMO">www.anthem.com/ca/calpers/HMO</a>
Blue Shield Access +	PH0001 / SSN	800/334-5847	<a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>
Blue Shield Net Value	PHO 01040	800/334-5847	<a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>
Kaiser Permanente	00003-20 / SSN	800/464-4000	<a href="http://www.kp.org/calpers">www.kp.org/calpers</a>
UnitedHealthcare		877/359-3714 Members 888/867-5581 Retirees	<a href="http://www.uhc.com/calpers">www.uhc.com/calpers</a>

<b>PPO Medical</b>			
PERSCare	KB050L / SSN	877/737-7776	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
PERS Choice	CB050A / SSN	877/737-7776	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
PERS Select	PER-0111-SEL / SSN	877/737-7776	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
PORAC	336684 / SSN	800/937-6722	<a href="http://www.porac.org">www.porac.org</a>

<b>Dental</b>			
Delta Dental	1985 / SSN	800/765-6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>

<b>Vision</b>			
Vision Service Plan (VSP)	12168909 / SSN	800/877-7195	<a href="http://www.vsp.com">www.vsp.com</a>

<b>Deferred Compensation</b>			
CalPERS 401(k) & 457	SSN	Richard Berg <a href="mailto:richard.berg@us.ing.com">richard.berg@us.ing.com</a> 888/713-8244 X5 (Direct) 800/260-0659 (Main)	<a href="https://calpers.ingplans.com">https://calpers.ingplans.com</a>
MassMutual 401(k) & 457	SSN	Jason Hughes <a href="mailto:jasonhughes@massmutual.com">jasonhughes@massmutual.com</a> 866/504-1182 (Direct) 888/811-4839 (Main)	<a href="http://www.massmutual.com/serve">www.massmutual.com/serve</a>

<b>Long Term Disability</b>			
Lincoln Financial Group	01-001664 / SSN	800/423-2765	<a href="http://www.lfg.com">www.lfg.com</a>

<b>Retirement</b>			
CalPERS		888/225-7377	<a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>

<b>Dependent Care/Flexible Spending Account</b>			
WageWorks	SSN	800/342-8017	<a href="http://www.wageworks.com">www.wageworks.com</a>

<b>Employee Assistance Program</b>			
MHN	placercounty	800/242-6220	<a href="http://www.members.mhn.com">www.members.mhn.com</a>

## This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.